

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 124157
Permit No. _____
Basin No. 101

PRINT OR TYPE IN BLACK INK ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 73533
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Dave & Nancy Matzen
MAILING ADDRESS P.O. Box 1521
Fallon, NV 89406

DETAILED ADDRESS AT WELL LOCATION 1805 Heidi Ln
Fallon, NV 89406
Subdivision Name: _____ County: Churchill

2. PLS LOCATION NE 1/4 NW 1/4 20 Sec 19 N/S 28 E
PERMIT/WAIVER NO. 008-175-06
Issued by Water Resources Current Parcel No.

Latitude 39.50098 UTM E NAD 27
Longitude -118.86761 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL#
 Replacement: Original well log # unknown
 Recondition: Original well log #

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
Sand			0	18
Brown Clay			18	29
Coarse Sand			29	31
Brown Clay			31	43
Brown Sand			43	76
Brown Clay			76	81
Brown Sand			81	125
Green Silt			125	140
Brown Sand		X	140	160

9. INSTRUCTION
Depth Drilled: 160 Feet Depth Cased: 160 Feet

HOLE DIAMETER (BIT SIZE)

From	To
12 Inches	0 Feet 160 Feet
Inches	Feet Feet
Inches	Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	18
6	4	.312	18	160

NAD 27
39.501064°N
118.866621°W

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neat Cement 5 to 105 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Gravel Pack [> 0.2 in.] 105 to 160 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:
Type of perforation: Saw Cut
Size of perforation: 1/8. inch
From 157 Feet To 160 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

Date started: 16-Nov, 20 15
Date completed: 17-Nov, 20 15

7. WATER QUALITIES
Static water level: 37 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.

Name Parsons Drilling, Inc.
Address P.O. Box 1265 Fallon, NV 89406

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>20</u>		<u>1 hour</u>

Nevada contractor's license number as issued by the State Contractor's Board: 2906
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1753
Signed: Wayne Kamm
Date: 11/19/2015

RECEIVED
DEC 14 PM 1:53
ENGINEERS OFFICE

(Rev 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

Replaces Unknown well log